

FILED MAY 13 1945

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 15

4411
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington 911
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CURTIS T. LLOYD

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-01-2657

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorena Lloyd

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb. 16 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Utica Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Embalmer

11. Industry or business Funeral & Dying

MOTHER FATHER

12. Name John W. Lloyd

13. Birthplace Bardstow Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bunderd

15. Birthplace Bardstow Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorena Lloyd

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof May 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem. Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 5/3/45 (b) Erther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1945 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 29 1945 to May 2 1945
that I last saw h. alive on April 30 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 48 hrs.
Duration

Due to Hepatic Cancer 3 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 830

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Geo. L. Walters (M. D. or other) _____
Address Farmington, Mo. Date signed 5-3-45

RECEIVED

District Health Officer No. 4
District File Number 545-623
Date Filed 5-9-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.